

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **29970**
 Registrar's No. **3900**

FILED OCT 1 1948
 Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
 (b) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
GENERAL HOSPITAL NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **61 DAYS**
 (Specify whether years, months or days) **14 YRS.**

3. (a) PRINT FULL NAME **ELI SANDERS SMITH**

3. (b) If veteran, **no** name war. 3. (c) Social Security No. **unknown**

4. Sex **MALE** 2 5. Color or race **NEGRO** 6. (a) Single, widowed, married, **2 divorced WIDOWED**
 6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife If alive years
 7. Birth date of deceased **JANUARY 17, 1885**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 5 hr. min.

9. Birthplace **BOWLING GREEN KENTUCKY**
 (City, town, or county) (State or foreign country)

10. Usual occupation **CONSTRUCTION LABORER**

11. Industry or business

MOTHER FATHER { 12. Name **JAMES EDWARD SMITH**
 13. Birthplace **KENTUCKY**
 (City, town, or county) (State or foreign country)
 14. Maiden name **HITTLE**
 15. Birthplace **KENTUCKY**
 (City, town, or county) (State or foreign country)

16. (a) Informant **CLARA WILLIAMS (SISTER)**
 (b) Address **1100 GARFIELD**

17. (a) **Burial** (b) Date thereof **9-25-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Highland K.C. mo**

18. (a) Signature of funeral director **Elynn + Greenstreet**
 (b) Address **1819 E. 15th K.C. 1 mo**

19. (a) **9-24-48** (b) **Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** 48
 (c) City or town **KANSAS CITY** 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1226 WOODLAND** 1
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **22**,
 year **1948** hour **4:** minute **25 P. M.**

21. I hereby certify that I attended the deceased from **JULY 23,** 19**48** to **SEPTEMBER 22,** 19**48**
 that I last saw him alive on **SEPTEMBER 22,** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC FAILURE** Duration

Due to **HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE**

Due to **FRACTURE OF LEFT GREATER TROCHANTER** 61-DAYS

Other conditions **OF FEMUR: SENILE PSYCHOSIS**

Major findings: **PHYSICIAN**

Of operations **186 lb**
 Of autopsy **Underline the cause to which death should be charged statistically.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **accident** 123
 (b) Date of occurrence **7-23-48**
 (c) Where did injury occur? **K.C. Jackson, mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, or industrial place in public place?
industrial place

(Specify type of place)
 While at work (e) Means of injury **trip fall on him**

23. Signature **[Signature]** (M. D. or other) **no**
 Address **GENERAL HOSPITAL NO. 2** Date signed **9/23/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th KCM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.